

APPLICATION DATA SHEET**Application Information**

Application Type:	National Phase
Subject Matter:	Utility
Suggested Classification:	
Suggested Group Art Unit:	
CD-ROM or CD-R?:	None
Number of CD disks:	
Number of copies of CDs:	
Sequence submission?:	
Computer Readable Form (CRF):	
Number of copies of CRF:	
Title:	USE OF BH4 FOR THE TREATMENT OF RESPIRATORY DISEASES
Attorney Docket Number:	27319U
Request for Early Publication?:	No
Request for Non-Publication?:	No
Suggest Drawing Figure:	
Total Drawing Sheets:	4
Small Entity?:	No
Latin name:	
Variety denomination name:	
Petition included?:	No
Petition Type:	
Licensed U.S. Govt. Agency:	
Contract or Grant Numbers:	
Secrecy Order in Parent Appl.?:	

Applicant Information (1)

Applicant Authority type:	Inventor
Primary Citizenship Country:	DE
Status:	Full Capacity
Given Name:	Christian
Middle Name:	
Family Name:	HESSLINGER
Name Suffix:	
City of Residence:	Zoznegg
State or Province of Residence:	

Country of Residence: DE
Street of Mailing address: Untere Haldenäcker 6,
City of mailing address: Zoznegg
State/Province of mailing address:
Country of mailing address: DE
Postal Code of mailing address: 78357

Applicant Information (2)

Applicant Authority type: Inventor
Primary Citizenship Country: DE
Status: Full Capacity
Given Name: Wolf-Ruediger
Middle Name:
Family Name: ULRICH
Name Suffix:
City of Residence: Konstanz
State or Province of Residence:
Country of Residence: DE
Street of Mailing address: Alpenstr. 2,
City of mailing address: Konstanz
State/Province of mailing address:
Country of mailing address: DE
Postal Code of mailing address: 78464

Applicant Information (3)

Applicant Authority type: Inventor
Primary Citizenship Country: DE
Status: Full Capacity
Given Name: Christian
Middle Name:
Family Name: SCHUDT
Name Suffix:
City of Residence: Konstanz
State or Province of Residence:
Country of Residence: DE
Street of Mailing address: Schuetzenstrasse 20,
City of mailing address: Konstanz
State/Province of mailing address:

Country of mailing address: DE
Postal Code of mailing address: 78462

Representative Information

Representative Customer Number:	034375
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Domestic Priority Information

Application:	Continuity Type:	Parent Application:	Parent Filing Date:

Foreign Priority Information

Country:	Application number:	Filing Date:	Priority Claimed:
EP	03024844.7	October 31, 2003	Yes

Assignee Information

Assignee name: Altana Pharma AG
Street of mailing address: Byk-Gulden-Str. 2
City of mailing address: Konstanz
State/Province of mailing address:
Country of mailing address: DE
Postal Code of mailing address: 78467